WISEWOMAN Annual Screening Form DHHS 4049A

Agency:

1. Patient Identification

HIS ID (CNDS):

Patient Name	*Last* *First* *M.I.*	Inactive Date: _____/_____/_____
Date of Birth	_____/_____/_____	Enrollment Status: □ Active □ Has Insurance □ Moved □ Age Ineligible □ Income Ineligible □ Lost To Follow-up □ Deceased □ Request to Drop
Education	Years of education: □ <9th grade □ some high school □ high school grad. or equiv. □ Some college or higher □ don't know □ don't want to answer	

2. Patient Enrollment/Annual Screening

Date of screening _____ / _____ / _____

Visit Type: ☐ New Enrollee ☐ Rescreening (12-18 months)

Clinical Measurement Results

(777=Can't Obtain, 888=Refused)

Height (inches)	**Weight** (pounds)	**BMI** (see BMI chart)

3. Health History

DK – don't know
DWTA – don't want to answer

	YES	NO	DK	DWTA
a. Have you ever been told by a doctor, nurse or other health professional that your **blood cholesterol is high**?				
b. Have you ever been told by a doctor, nurse or other health professional that you have **high blood pressure**?				
c. Have you ever been told by a doctor, nurse or other health professional that you have **Diabetes**? □ Gestational (pregnancy) Diabetes Only				
d. Has a doctor, nurse or other health professional ever told you that you had any of the following: **Heart attack (also called myocardial infarction), angina, coronary heart disease or stroke**?				

Blood Pressure: (2 BP readings & Average required)	1st Reading	2nd Reading (same arm)	Average BP
	____/____	____/____	____/____

Date of Laboratory Values: __/__/__

Total Cholesterol	**HDL**
LDL (optional) (record for fasting only)	**Triglycerides** (optional) (record for fasting only)
A1C (recommended for diabetics)	**Glucose**

4. Family Health History

	YES	NO	DK	DWTA
a. Has your father, brother, or son had a stroke or heart attack before age 55?				
b. Has your mother, sister, or daughter had a stroke or heart attack before age 65?				
c. Has either of your parents, your brother or sister, or your child ever been told by a doctor, nurse or other health professional that he/she has diabetes?				

Fasting Status (at least 9 hrs.)
☐ **Fasting** ☐ **Non-fasting**

Intervention Level:	☐ **Normal**	☐ **Abnormal**	☐ **Alert**
Required interventions:	**0-1**	**1+**	**2+**

5. Medication Status

	YES	NO	DK	DWTA
a. Are you taking any medicine prescribed by your doctor, nurse, or other health professional for your high cholesterol?				
b. Are you taking any medicine prescribed by your doctor, nurse, or other health professional for your high blood pressure?				
c. Are you taking any medicine prescribed by your doctor, nurse, or other health professional for your diabetes?				

Risk Reduction Discussed ☐ **YES** ☐ **NO**

Comment:

6.Smoking status

a. Do you now smoke cigarettes every day, some days, or not at all? ___Every Day __Some Days __Not at all __Don't know __Don't want to answer

b. Not counting decks, porches or garages, during the past 7 days on how many days did someone other than you smoke tobacco inside your home while you were at home? ___ How many days ____ None ____Don't know/not sure ____Don't want to answer

WISEWOMAN Annual Screening Form DHHS 4049B	Agency:
Patient Identification	HIS ID (CNDS):
Patient Name	*Last* *First* *M.I.*

1. Nutrition Assessment

*On an average day, how many servings of **vegetables** do you eat?*
Dark-green or orange vegetables (collards, broccoli, carrots,etc):
□ 0 □ 1 □ 2+
Starchy vegetables (potatoes, corn, lima beans, etc.):
□ 0-1 □ 2 □ 3+

*In an average week, how many servings of **meat** do you eat?*

Bacon/sausage: □ 0-1 □ 2 □ 3+

Red meat: □ 0-2 □ 3-4 □ 5+

Chicken/turkey: □ 0-1 □ 2 □ 3+
Fish: □ 0-1 □ 2 □ 3+

*On an average day, how many servings of **fruits** do you eat?*

Fresh, canned, or frozen □ 0-1 □ 2 □ 3+

*On an average day, how many 8 oz servings of **beverages** do you consume?*

Regular non-diet sodas like Coke, Pepsi, or Sprite: □ 0 □ 1 □ 2+

Bottle fruit drink, sports/energy drinks: □ 0 □ 1 □ 2+

Kool-Aid/sweet tea: □ 0 □ 1 □ 2+

Hot tea or coffee with sugar: □ 0 □ 1 □ 2+

100% Fruit juices: □ 0-1 □ 2 □ 3+

2. Physical Activity Assessment

In an average week, how many days do you exercise?

□ 0 days □ 1 days □ 2 days □ 3 days □ 4 days □ 5 days
□ 6 days □ 7 days □ Don't know □ Refused / Not Answered

On an average day, how many minutes do you exercise? (Round to next highest value)

□ 0 minutes □ < 5 minutes □ 5-10 minutes □ 15 minutes □ 20 minutes
□ at least 30 minutes □ 30+ minutes □ Don't know

3. Medical Evaluation (CDC WISEWOMAN reimburses for ONE Medical Dr. visit only)
Required for Alerts and some Abnormals: See clinical values worksheet.

Reason referred	Diagnostic Referral Date	Diagnostic Exam Date	What Type of Treatment was Prescribed?	What is the Status of the Work-up?
Blood pressure	___/___/___	___/___/___	☐ Medication ☐ TLC ☐ Medication & TLC ☐ Nothing prescribed ☐ Already on meds ☐ Lost-to-Follow-up ☐ Refused ☐ Change in Meds	☐ Pending ☐ Complete ☐ Work-up not medically indicated, client being treated ☐ Refused ☐ Lost-to-Follow-up
Cholesterol	___/___/___	___/___/___	☐ Medication ☐ TLC ☐ Medication & TLC ☐ Nothing prescribed ☐ Already on meds ☐ Lost-to-Follow-up ☐ Refused ☐ Change in Meds	☐ Pending ☐ Complete ☐ Work-up not medically indicated, client being treated ☐ Refused ☐ Lost-to-Follow-up
Diabetes	___/___/___	___/___/___	☐ Medication ☐ TLC ☐ Medication & TLC ☐ Nothing prescribed ☐ Already on meds ☐ Lost-to-Follow-up ☐ Refused ☐ Change in Meds	☐ Pending ☐ Complete ☐ Work-up not medically indicated, client being treated ☐ Refused ☐ Lost-to-Follow-up

Comments:

WISEWOMAN Interventions Form DHHS 4050 — Agency:

1. Patient Identification

Health Agency		HIS ID (CNDS):	
Patient Name	*Last* *First* *M.I.*		
Date of Birth	_____/_____/_____		

2. Lifestyle Interventions

Required Interventions ☐ Normal: 0-1 ☐ Abnormal: 1+ ☐ Alert: 2+	Education Topic									Intervention Method		Intervention Setting		Contact type					
Intervention Visit Date **1st intervention Must be on enrollment date**	1. Nutrition - Clinic	2. Nutrition - Community Link	3. Physical Activity - Clinic	4. Physical Activity - Community Link	5. Tobacco - Quitline	6. Tobacco Cessation – Community Resources	7. Diabetes Clinic	8. Smoking Cessation – Clinic (part of LSI)	9. Diabetes Self-Management Education	New Leaf	Other	Individual	Group	Evidence that computer-based session was completed	Face to Face	Mail & Phone	Phone	Referred-no WW LSI attendance confirmed	Referred-no WW LSI attendance not confirmed
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